



Scoil Mhuire Lourdes

Principal: Lorraine Houlihan
Deputy: Michael Harrington
Roll No.: 13512B

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REGISTRATION FORM

Surname: Christian Name: Pupils P.P.S. No.:

Address:

Parents Mobile: Father's: Mother's:

D.O.B.: Religion: Nationality: County of Birth (if Irish):

Name of Pre-School/Primary School last attended: Tel. No.:

Number of children in family: Place in Family:

Details of Parents/Guardian

Name of Parent/Guardian	Occupation	Place of work	Work Telephone No.
(Name of Father):			
(Name of Mother):			
(Name of Guardian):			

Information about family unit (e.g. if parent is deceased / illness in family) which you consider should be made known to the school management:

.....
.....

Name(s) of family members who are attending or have attended Scoil Mhuire Lourdes

	Name
1.	
2.	

MEDICAL HISTORY

Name of Family Doctor: Doctor's Tel. No.:

Any known medical condition/allergy?

Does your son have an assessment? Yes ☐ No ☐

Please circle: Sight, Speech, Hearing, behavioural, learning, other

When was he assessed? Where was he assessed?

I certify that the above information is correct:

Signature of Mother: Date:

Signature of Father: Date:

Signature of Guardian: Date:

Amount Received	Cash: Cheque:	Receipt No.:	Birth Certificate:	Registration No.:

CONTACT NUMBERS

While we make every effort to ensure the safety of your child, **we may need to contact you in the event of sickness or an unexpected closing.**

Please fill in the following:

PUPIL'S NAME:

NAMES OF PARENTS/LEGAL GUARDIANS:

HOME ADDRESS:

Alternative Contact Numbers (not your own number):

NAME:

ADDRESS:

PHONE NUMBER:

NAME:

ADDRESS:

PHONE NUMBER:

Signed: Date: